

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ralph Rodriguez	COURT CASE NUMBER 7:22-cv-10056-PMH - 14
DEFENDANT Burnett et al	TYPE OF PROCESS Summons & Complaint

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
OSI Member: Jan Okusko  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
DOCCS OSI, The Harriman State Campus 1220 Washington Avenue Albany, NY 12226-2050

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Ralph Rodriguez 17-A-0928  
Fishkill Correctional Facility  
P.O. Box 307 Housing Unit 9-1  
Beacon, NY 12508

Number of process to be  
served with this Form 285

Number of parties to be  
served in this case

Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,  
All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

*Tamij Arora*

5/2/2023

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 14/22	District of Origin No. 054	District to Serve No. 052	Signature of Authorized USMS Deputy or Clerk <i>K. H. H. H.</i>	Date 7/18/2023
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

*Megan Spillane*

Date

07/18/2023

Time

1620

☐ am  
☐ pm

Address (complete only different than shown above)

Signature of U.S. Marshal or Deputy

*M. H. H. H.*

Costs shown on attached USMS Cost Sheet >>

REMARKS

The above legal counsel refused to accept